



# COUNCIL VARIANCE APPLICATION (2006)

## BEFORE YOU APPLY

Council variance applications will not be accepted unless they are complete.  
A preliminary review meeting is strongly recommended.

### Primary staff contacts for the public hearing processes are:

#### Council Activities:

Walter Green	645-2485	wagreen@columbus.gov
Dana Hitt	645-2395	dahitt@columbus.gov
Shannon Pine	645-2208	spine@columbus.gov
Lisa Russell	645-0716	llrussell@columbus.gov
Council Activities fax:	645-2463	

## THINGS TO REMEMBER

- ☐ You must make an appointment to submit a Council variance application unless you intend to submit on cut-off day. Note: the deadline is 10:00 AM on cut-off day. (see page 2 for schedule).
- ☐ Incomplete applications will **NOT** be accepted.
- ☐ Application fees are non-refundable.
- ☐ Applicants shall confirm whether the subject site lies within the boundaries of an Area Commission, Historic Architectural Review Commission or recognized Civic Association. You can visit the website for the Neighborhood Services Division at [www.cityofcolumbus.org](http://www.cityofcolumbus.org), select Department of Development, Neighborhood Services Division, Neighborhood Liaison, then click on Area Commission or Civic Association. You may also call the appropriate Neighborhood Liaison for the area where your site is located.
- ☐ Staff will forward a copy of your application to the appropriate Area Commission, Historic Architectural Review Commission or recognized Civic Association. **The applicant must arrange to meet with that group and obtain a written recommendation prior to the City Council Commission hearing.**
- ☐ Be advised that you will be assessed additional fees for requests for tabling, reconsideration, amended proposals, etc. (See the fee schedule for details).
- ☐ The City of Columbus makes no determination whether an area proposed for public hearing action contains area(s) that might be classified as wetlands by the Army Corps of Engineers; nor does approval at the public hearing imply the site has complied with wetlands guidelines. It the applicant's responsibility to determine if wetlands exist on the site.
- ☐ A traffic impact and/or access study may be required by the Division of Transportation. **All traffic studies must be submitted 45 days prior to the deadline for Development Commission Agenda (see page 2).** Please contact the Division of Transportation as early as possible to determine if a traffic study is required.
- ☐ For properties undergoing annexation, applications cannot be accepted until after the County Commissioner's have adopted the annexation petition.
- ☐ All zoning legislation passed by City Council becomes effective thirty (30) days after passage unless amended to emergency with the approval of the City Clerk's Office. No building or zoning permits may be submitted until the legislation is effective. Applicants should contact the City Clerk's office at 645-4605 for information on requesting emergency legislation.



## 2006 COUNCIL VARIANCE SCHEDULE

All applications must be **COMPLETE** and submitted in duplicate by 10:00 AM on the cutoff date. You are encouraged to submit your application before the cut-off date. Call Council Activities staff for an appointment.

CUTOFF DATE (10:00 a.m.)	EARLIEST POSSIBLE STAFF REVIEW (deadline date for Reconsiderations, 4:00 p.m.)
1/3/2006	1/19/2006 (1/5)
1/31/2006	2/16/2006 (2/3)
2/28/2006	3/16/2006 (3/3)
4/4/2006	4/20/2006 (4/5)
5/2/2006	5/18/2006 (5/5)
5/30/2006	6/15/2006 (6/2)
7/3/2006	7/20/2006 (7/7)
8/1/2006	8/17/2006 (8/4)
9/5/2006	9/21/2006 (9/8)
10/3/2006	10/19/2006 (10/6)
10/31/2006	11/16/2006 (11/3)
12/5/2006	12/21/2007 (12/8)
1/2/2007	1/18/2007 (1/5)
1/30/2007	2/15/2007 (2/2)
2/27/2007	3/15/2007 (3/2)



↓ OFFICE USE ONLY ↓

**Application #** \_\_\_\_\_

**Fee:** 1-3 dwelling units (\$260 per dwelling unit): \_\_\_\_\_  
 All other (\$1300 First acre) \_\_\_\_\_  
 Each additional acre (\$130 ) \_\_\_\_\_  
 Total: \_\_\_\_\_

**Date of Submittal:** \_\_\_\_\_

**Planning Area** \_\_\_\_\_

**Received by:** \_\_\_\_\_

## ***COUNCIL VARIANCE APPLICATION (2006)***

### **LOCATION AND ZONING REQUEST**

Certified Address (for Zoning Purposes) \_\_\_\_\_ Zip \_\_\_\_\_

***Is this application being annexed into the City of Columbus? Y or N (circle one)***

*If the site is currently pending annexation, Applicant must show documentation of County Commissioner's adoption of the annexation petition.*

Parcel Number for Certified Address \_\_\_\_\_

☐ ***If applicable, check here if listing additional parcel numbers on a separate page (REQUIRED)***

Current Zoning District(s) \_\_\_\_\_

Recognized Civic Association or Area Commission \_\_\_\_\_

*See instructions in "Things to Remember" on front of application packet.*

Proposed Use or reason for Council variance request: \_\_\_\_\_

*(continue on separate page if necessary)*

Proposed Height District: \_\_\_\_\_ Acreage \_\_\_\_\_  
*(Columbus City Code Section 3309.14)*

### **APPLICANT**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

### **PROPERTY OWNER(S)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

☐ ***If applicable, check here if listing additional property owners on a separate page (REQUIRED)***

### **ATTORNEY / AGENT (CIRCLE ONE IF APPLICABLE)**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

### **SIGNATURES (ALL APPLICABLE SIGNATURES MUST BE PROVIDED AND SIGNED IN **BLUE INK**)**

Applicant Signature \_\_\_\_\_

Property Owner Signature \_\_\_\_\_

Attorney/Agent Signature \_\_\_\_\_

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that the City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc., may delay the review of this application.



## COUNCIL VARIANCE APPLICATION CHECKLIST

The application package must consist of two (2) complete sets of all items listed below, one of which must contain the original signed forms.

- ☐ **The Application Form**
- ☐ **Notarized Affidavit Form and Label Sets**  
(See instructions on the form.)
- ☐ **Notarized Project Disclosure Statement**  
(See instructions on the form.)
- ☐ **Certified Address**  
A certified address can be obtained at the Columbus Transportation Division;  
109 N. Front Street, 3rd floor; Columbus, Ohio 43215. Phone (614) 645-2498.
- ☐ **Legal Description of the Subject Property**  
Current property survey to include acreage of the subject property and all meets and bounds, referencing the centerline intersection of two public streets. If more than one zoning district or multiple sub-areas are requested in this application, separate legal descriptions must be submitted for each district and/or sub-area. This must also be submitted as an MS Word document saved on a 3 1/2" floppy disk or CD ROM, preferably left justified, with no indentations in Times New Roman font, size 10.
- ☐ **Location Maps (E-plot and A-plot maps)**  
Subject site must be **outlined or highlighted with all public streets labeled** on an original E-plot and on an original A-plot map using planimetric layers **and** standard property layers. E-plot maps must be provided in a standard engineering scale (e.g., 10, 20, 40 etc.) or multiple thereof and must show the nearest public intersection of the street to which the site is addressed. E-plot and A-plot maps are available from the Franklin County Recorder's Map Room; 373 South High Street, 20th floor; Columbus, Ohio 43215. Phone (614) 462-4663.
- ☐ **Site Plan** (required for CPD and PUD zoning districts and Limited zoning districts committing to a plan)  
The site plan must be drawn to common, measurable scale and provide information applicable to proposed zoning district. A total of two (2) 2' x 3' plans and two (2) 8-1/2" x 11" reductions are required, as well as the site plan saved as a TIF file and submitted on a 3 1/2" floppy disk or CD ROM. Additional copies may be required for review by other city departments. Please meet with zoning clearance staff prior to submission of any site plan.
- ☐ **Approved Annexation petition from County**  
A copy of the approved annexation petition is required for properties that are in annexation status at time of application.
- ☐ **Application Fees (Non-Refundable)**

1-3 Dwelling Units	\$260.00 per dwelling unit residential
All other Variances	\$1,300.00 per acre for the first acre plus
	\$130.00 for each additional acre or fraction thereof.

Maximum Fee                      \$7,000.00.

Council variance amendment ordinance fee is 100% of applicable full fee for a new application.

Checks are to be made payable to: Columbus - City Treasurer



# AFFIDAVIT

(See instruction sheet)

STATE OF OHIO  
COUNTY OF FRANKLIN

APPLICATION # \_\_\_\_\_

Being first duly cautioned and sworn (1) NAME \_\_\_\_\_  
of (1) MAILING ADDRESS \_\_\_\_\_

deposed and states that (he/she) is the applicant, agent, or duly authorized attorney for same and the following is a list of  
the name(s) and mailing address(es) of all the owners of record of the property located at

(2) CERTIFIED ADDRESS FOR ZONING PURPOSES \_\_\_\_\_  
for which the application for a Council variance, variance, special permit or graphics plan was filed with the Department of  
Development, Building Services Division on (3) \_\_\_\_\_

(THIS LINE TO BE FILLED OUT BY CITY STAFF)

SUBJECT PROPERTY OWNER'S NAME  
AND MAILING ADDRESS

(4) \_\_\_\_\_

☐ Check here if listing additional property  
owners on a separate page (REQUIRED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S NAME AND PHONE #  
(same as listed on front of application)

\_\_\_\_\_  
\_\_\_\_\_

AREA COMMISSION OR CIVIC GROUP  
AREA COMMISSION ZONING CHAIR OR  
CONTACT PERSON AND ADDRESS

(5) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and that the attached document (6) is a list of the **names** and **complete mailing addresses**, including **zip codes**, as  
shown on the **County Auditor's Current Tax List or the County Treasurer's Mailing List**, of all the **owners of  
record of property within 125 feet** of the exterior boundaries of the property for which the application was filed, **and**  
all of the owners of any property within 125 feet of the applicant's or owner's property in the event the applicant or the  
property owner owns the property contiguous to the subject property: (7)

SIGNATURE OF AFFIANT

8) \_\_\_\_\_

Subscribed to me in my presence and before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

*This Affidavit expires six months after date of notarization.*

*Notary Seal Here*



## INSTRUCTIONS FOR AFFIDAVIT

- (1) Name and address of the person who did the research. It is important that the person who does the research is the same person who signs the notarized affidavit.
- (2) Address of the subject property as indicated on the address card from the Transportation Division; 109 N. Front Street, 3<sup>rd</sup> floor; Columbus, Ohio 43215, Phone (614) 645-7467.
- (3) Leave blank - staff will fill this out at the time of application.
- (4) From real property records located on the 20th floor of the Franklin County Court House Building, 373 South High Street, or other records enter the name and address of the owner(s) of the property the application is for. (This must be the same as the "Property Owner(s) listed on the application form.")
- (5) Fill in the appropriate Area Commission/Civic Association and contact information. This information can be obtained from Neighborhood Services by calling (614) 645-7563 or (614) 645-7564.
- (6) A "Variance Report" listing the surrounding property owners can be obtained at the Franklin County Auditor's Office. From the same records as in Item #4, enter the name and complete mailing address (including zip code) of the owners of all property located within 125 feet of the subject site or the boundaries of ownership in the event that one or more property owners of the subject site owns contiguous property. This shall include properties across the street and in other municipalities and jurisdictions, if applicable. Also, include the owners of any property within 125 feet of the applicant's property in the event the applicant or the property owner of the subject site owns property contiguous to the subject property.
  - (6A) It is the affiant's responsibility to determine the actual address, including personally visiting the properties, if necessary.
  - (6B) **DO NOT list a mortgage company as a mailing address** for the property unless title to the property is held by the mortgage company, thereby making the company the actual property owner. It is the affiant's responsibility to exercise reasonable diligence to determine the address of the actual property owner.
  - (6C) If property owners appear on the list more than once please provide only one mailing label.
- (7) **Please submit 1 master set on paper, and one master set saved as an MS Word document on a 3 1/2" floppy disk or CD ROM (in Avery #5160 format as shown on Page 7), listing the names and complete addresses of the applicant; the property owner(s); attorney/agent; applicable Area Commission or neighborhood group; and surrounding real property owners as explained in (6) above. Make sure that the last two lines of the address label contain the street address and the city, state, and zip code.**
- (8) The Affidavit form must be signed in the presence of a Notary Public.
- (9) **The Affidavit expires six months after date of notarization.**



## EXAMPLE LABEL SET

### APPLICANT

### PROPERTY OWNER

### ATTORNEY

ACME Inc.  
c/o Brad Clark  
555 Main St.  
Anytown, USA 10000

Jeffrey Jackson  
430 Main St.  
Anytown, USA 10000

John W. Smith  
Law Office LP  
123 Main St.  
Anytown, USA 10000

### AREA COMMISSION OR NEIGHBORHOOD GROUP

Civic Group  
c/o Zoning Chair Person  
100 Main St.  
Anytown, USA 10000

### SURROUNDING PROPERTY OWNERS

Jeffrey Johnson  
430 Main St.  
Anytown, USA 10000

Robert Miller  
425 Main St.  
Anytown, USA 10000

Jane Lewis  
429 Main St.  
Anytown, USA 10000

Country Shops LP  
c/o Shopping Centers Inc.  
355 Town St.  
Anytown, USA 10000

Joel and Carla Nelson  
434 Main St.  
Anytown, USA 10000

Susan Griffin  
505 High St.  
Anytown, USA 10000

# PRE-APPLICATION REVIEW WORKSHEET



**This Page will be completed at the Pre-application Review Meeting by City Staff**

☐ Address or location of site \_\_\_\_\_

☐ Annexation status \_\_\_\_\_

☐ Current development on the property \_\_\_\_\_

☐ Current zoning and legal use of the property. (Attach computer record if applicable) \_\_\_\_\_

☐ Proposed use of site \_\_\_\_\_

☐ Zoning Districts, Variances or Special Permit requested \_\_\_\_\_

☐ Total Acreage of the site \_\_\_\_\_

☐ Site Location - Attach and identify here the types of maps referenced (Zoning Map / GIS Map) \_\_\_\_\_

☐ Special Development/Review Standards:

☐ Flood plain \_\_\_\_\_

☐ Airport Environs Overlay \_\_\_\_\_

☐ Historic Districts (HRC, Architectural Review, Listed Property) \_\_\_\_\_

☐ Traffic Standards Code (Right of Way, TIS, other) PATTI AUSTIN, TRANSPORTATION DIVISION, 645-0624

☐ Parkland (land, easements, bike paths, other) MAUREEN LORENZ, DEPARTMENT OF RECREATION & PARKS, 645-3306

☐ Zoning Clearance (Site plan review) \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Review of Public Notice Affidavit requirements \_\_\_\_\_

☐ Adopted Area Plan or Development Policies \_\_\_\_\_

☐ Recommendation/Other \_\_\_\_\_

☐ Preliminary Review of Limitation text or planned district text standards \_\_\_\_\_

☐ Area Commission or other Community Group \_\_\_\_\_

☐ Proposed Hearing Date \_\_\_\_\_

☐ Cut-off Date for the Proposed Hearing Date \_\_\_\_\_

☐ Items to be completed or revised before submittal (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

☐ Requested Variances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments (Applicant) \_\_\_\_\_

\_\_\_\_\_

Comments (City) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff met with \_\_\_\_\_ on \_\_\_\_\_ regarding this proposed application and applicant received a copy of this pre-application worksheet.

City Staff Representative \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**NOTE:** This **PRE-APPLICATION REVIEW** is preliminary, based upon the information presented. This document is a tool to allow staff to become acquainted with the proposal and to identify issues relevant to the application. Additional information may be necessary after City Staff formally reviews your request.





## STATEMENT OF HARDSHIP

## Chapter 3307 of Columbus Zoning Code

### Section 3307.10 Variances by City Council

- A.** Permit a variance in the yard, height, or parking requirement of any district only in conjunction with a change in zoning or a use variance and only where there are unusual and practical difficulties or unusual hardships in the carrying out of the zoning district provisions due to an irregular shape of lot, topography, or other conditions, providing such variance will not seriously affect any adjoining property or the general welfare.
- B.** Permit a use of the property not permitted by the Zoning District established on the property if such use will not adversely affect the surrounding property or surrounding neighborhood and if Council is satisfied that the granting of such variance will alleviate some hardship or difficulty warrants a variance from the Comprehensive Plan.
- Before authorizing any variance from the Zoning Code in a specific case, City Council shall first determine that such variance will not impair an adequate supply of light and air to the adjacent property, unreasonably increase the congestion of public streets, increase the danger of fires, endanger the public safety, unreasonably diminish or impair the public health safety, comfort, morals, or welfare of the City of Columbus.
- In granting a variance pursuant to this section, Council may impose such requirements and conditions regarding the location, character, duration, and other features of the variance proposal as Council deems necessary to carry out the intent and purpose of this Zoning Code and to otherwise safeguard the public safety and welfare.

**I have read the foregoing and believe my application for relief from the requirements of the Zoning Code contains the necessary hardship, will not adversely affect surrounding property owners and will comply with the variance requested as detailed below:**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Applicant (Signed in BLUE INK) \_\_\_\_\_ Date \_\_\_\_\_



# PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.

**THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED.** Do not indicate 'NONE' in the space provided.

STATE OF OHIO  
COUNTY OF FRANKLIN

APPLICATION # \_\_\_\_\_

Being first duly cautioned and sworn (NAME) \_\_\_\_\_  
of (COMPLETE ADDRESS) \_\_\_\_\_

deposes and states that (he/she) is the APPLICANT, AGENT or DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application in the following format:

Name of business or individual  
Business or individual's address  
Address of corporate headquarters  
City, State, Zip  
Number of Columbus based employees  
Contact name and number

☐ *If applicable, check here if listing additional parties on a separate page (REQUIRED)*

1.	2.
3.	4.

SIGNATURE OF AFFIANT

\_\_\_\_\_

Subscribed to me in my presence and before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

*This Project Disclosure Statement expires six months after date of notarization.*

*Notary Seal Here*



City of Columbus  
Mayor Michael B. Coleman

## Department of Development Building Services

757 Carolyn Avenue ♦ Columbus, Ohio ♦ 43224 ♦ (614) 645-7314

FOR USE BY: AREA COMMISSIONS / CIVIC ASSOCIATIONS / ACCORD PARTNERS

### ***STANDARDIZED RECOMMENDATION FORM***

**Group Name:** \_\_\_\_\_ **Meeting Date:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_ **Case Type:** ☐ Council Variance ☐ Rezoning

**Zoning Address:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_

**Person(s) Representing Applicant at Meeting:** \_\_\_\_\_

Conditions Requested by Group (Add continuation sheet if needed): Area Commissions see note at bottom.	Applicant Response	
	Yes	No
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>

#### **Recommendation**

☐ Approval ☐ Disapproval ☐ Conditional Approval (list conditions and applicant response above)

**Explain the basis for Approval, Disapproval or Conditional Approval below (Add continuation sheet if needed).**

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**Recommending Commission / Association / Accord Partner Vote:** For \_\_\_\_\_ Against \_\_\_\_\_

**Signature / Title of Authorized Representative:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**Note to Area Commissions:** Ordinances sent to Council will contain only recommendations for “approval” or “disapproval.” Recommendations for “conditional approval” will be treated as a disapproval, if, at the time the ordinance is sent to Council, any condition that was checked “No” on the *Standardized Recommendation Form* has not been resolved as documented in writing by the recommending body or party.